

MOUNTAIRE FARVIS Time Off Request Form

Name Syrinus Bagwell S.S.# _____
 Date of Hire 7/23/96 Full time 1.05.98 Department Line Hand 81
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - _____ Anniversary _____
--	--

Day/Date(s) Requested 1 WK Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Syrinus Bagwell 2-2-99
 Employee's Signature Date

Joseph Garrison 2-2-99 ☐ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

FOREMAN'S SIGNATURE

SUPERINTENDENT'S

PLANT MANAGER'S

Syrinus Bagwell
 Was told by mo.
 Libby back in
 July that he couldn't
 have his vacation
 when due because
 missed time, but
 could have it in
 February. Thanks,
 Syrus

☐ APPROVED ☐ DISAPPROVED

☐ APPROVED ☐ DISAPPROVED

DAYROLL
☐ APPROVED ☐ DISAPPROVED

FEB - 6

ENDING

FOR OFFICE USE ONLY: # OF DAYS DUE _____
 # OF DAYS REQUESTED _____
 # OF DAYS LEFT _____

FORM 011 - 10-000
 February 1, 1997

Garrison
 Ex # 3
 pw 1/14/05

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

2/11/85

Dept.

5622 04

Employee Name:

Richard Foreman SS#

- ☐ Union 0620
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

Money only

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard Foreman

Employee Signature

7-7-03

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Joseph J.annon

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

PAYROLL
JUL 05 2003
WEEK ENDING

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>3/12/04</u>	Dept. <u>5622</u>
Employee Name <u>Donald Garrison</u>		SS# _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Donald Garrison</u>		Date <u>3/12/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>11, 25, 96</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____	<div style="border: 1px solid black; padding: 2px; text-align: center;"> PAID 11, 25, 96 11, 25, 96 11, 25, 96 </div>	Total Days Eligible: _____	
2) Days Taken: _____		Days Taken: _____	
3) Days Requested: _____		Days Requested: _____	
4) Days Remaining: _____		Days Remaining: _____	94 HR 15
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joe Harrison</u>	Date <u>3/12/04</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAINE
Time Off Request Form

Name Henry Harmon S.S.# _____Date of Hire 1/31/00 Department Live Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

5620

(CHECK ONE): Vacation _____ _____ _____	Personal/Floating Holiday - Calendar _____ _____ Personal/Floating Holiday - Anniversary _____ _____
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Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Henry Harmon
 Employee's Signature

1-29-2001
 Date

Joseph Harmon
 SUPERVISOR'S SIGNATURE

1-29-2001 ☐ APPROVED ☐ DISAPPROVED
 DATE

81 JAN 29 1

FOREMAN'S SIGNATURE_____
DATE ☐ APPROVED ☐ DISAPPROVED_____
SUPERINTENDENT'S SIGNATURE_____
DATE ☐ APPROVED ☐ DISAPPROVED_____
PLANT MANAGER'S SIGNATURE_____
DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

PAYROLL

JAN 27 2001

WEEK ENDING

Time Off Request Form

Name Henry Harmon S.S.# _____
 Date of Hire 1/31/2000 Department Firehouse
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 56.00

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar	<u>Paid</u> <u>01.27.01</u>
	Personal/Floating Holiday - Anniversary	<u>01</u>

Day/Date(s) Requested March 16, 2001

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

X Henry Harmon 3-19-2001
 Employee's Signature Date

X Joseph Harmon 3-19-2001 ☒ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

PAYROLL
APPROVED **2001**
WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOUNTAIRE

Time Off Request Form

Name Peter Major S.S.# _____
 Date of Hire 7/8/98 Department Live Hand
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - Anniversary _____
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Day/Date(s) Requested Money Only 1 WK.

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Peter Major 7-3-2000
 Employee's Signature Date

Joseph Jamin 7-3-2000 ☐ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

<small>FOR OFFICE USE ONLY:</small>	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wyc:ee
 September 23, 1999

A00006

MOUNTAIRE

Time Off Request Form

Name Peter Major S.S.# _____ JUN
 Date of Hire 7/8/98 Department Fire Unit
☐ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE):	
<input type="checkbox"/> Vacation _____	<input type="checkbox"/> Personal/Floating Holiday - Calendar _____
	<input checked="" type="checkbox"/> Personal/Floating Holiday - Anniversary <u>✓</u>

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES THEY WILL COUNSEL ACCORDINGLY.

Peter Major 6-26-2000
 Employee's Signature Date

Joseph Mannon 6-26-2000 ☒ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE _____
	# OF DAYS REQUESTED _____
	# OF DAYS LEFT _____

FORM 011 w/die
September 23, 1999

JUL 08 2000
WEEK ENDING

MOUNTAIRE

Time Off Request Form

Name Peter Major S.S.# _____Date of Hire 7/8/98 Department Fire/Nail☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620

(CHECK ONE):	
Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Peter Major Date 2-5-2001

SUPERVISOR'S SIGNATURE Joseph Harmon DATE 2-5-2001 ☐ APPROVED ☐ DISAPPROVED

31 FEB 5 1:07

FOREMAN'S SIGNATURE _____ DATE _____ ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____ DATE _____ ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____ DATE _____ ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE _____	PAYROLL
	# OF DAYS REQUESTED _____	
	# OF DAYS LEFT _____	

2-8-03 2001
WEEK ENDING

ORM 011 revised
November 23, 1999

A00008

MOUNTAIRE Time Off Request Form

Name Peter Major S.S.# _____

Date of Hire 7/8/98 Department Fireland
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar _____
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested money only 1/wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Peter Major Date 7-2-2011

SUPERVISOR'S SIGNATURE J. Joseph Garrison DATE 7-2-2011 ☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE _____ DATE _____ ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____ DATE _____ ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____ DATE _____ ☐ APPROVED ☐ DISAPPROVED

PAYROLL
WEEK ENDING
11/10/2001

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wpr:das
September 23, 1999

MOUNTAIRE

Time Off Request Form

Name Peter Major S.S.# _____Date of Hire 7/8/98 Department Livestock☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE):

Vacation _____

Personal/Floating
Holiday - Calendar /Personal/Floating
Holiday - Anniversary _____Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Peter MajorDate 7-2-2001Supervisor's Signature Joseph GarrisonDATE 7-2-2001 ☐ APPROVED ☐ DISAPPROVED

Foreman's Signature _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

Superintendent's Signature _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

Plant Manager's Signature _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FORM 011 wpc:das
September 23, 1999

A00010

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>7/8/98</u> Dept. <u>5620</u>
Employee Name: <u>Peter Major</u> SS# _____	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/4 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____	
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <div style="display: flex; justify-content: space-around;"> Calendar Anniversary </div>	
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>	
Employee Signature: <u>Peter Major</u>	Date: <u>1-11-02</u>
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>	
SECTION 2	<i>To Be Completed by Human Resources</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Vacation</p> <p>1) Total Days Due: _____</p> <p>2) Days Requested: _____</p> <p>3) Days Remaining: _____</p> <p style="text-align: center;">(1 - 2 = 3)</p> </div> <div style="width: 45%;"> <p style="text-align: center;">Floating Holidays</p> <p>Total Days Due: _____</p> <p>Days Requested: _____</p> <p>Days Remaining: _____</p> </div> </div>	
Human Resources Representative's Signature _____ Date _____	
SECTION 3	<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph Harrison</u> Date _____ Signature _____	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____
<p>NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>	

C:\Data\WPDATA\FORMS\COR\De\Plant\HR\1

A00011

MOUNTAIRE

Time Off Request Form

Name Valentino Nocks S.S.# _____
 Date of Hire 9/30/96 Department Live Hand
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5690

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <u>✓</u>	
	Personal/Floating Holiday - Anniversary _____	

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Valentino Nocks 2-5-2001
 Employee's Signature Date

Joseph Stannin 2-5-2001 ☒ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

<small>FOR OFFICE USE ONLY:</small>	# OF DAYS DUE _____	
	# OF DAYS REQUESTED _____	
	# OF DAYS LEFT _____	

PAYROLL

FEB 04 2001

12/27/00 WED 10:50 FAX 3024301000

MOUNTAIRE

Time Off Request Form

Name Valentino Nicks S.S.# 1Date of Hire 9/30/96 Department Linehaul☒ UNION☐ NON-UNION HOURLY☐ SALARIED
PAYROLL(CHECK ONE):
Vacation _____Personal/Floating
Holiday - Calendar135
Personal/Floating
Holiday - Anniversary

DEC 23 2000

WEEK ENDING

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Valentino Nicks
Employee's Signature

12-27-00
Date

Joe Harrison
SUPERVISOR'S SIGNATURE

12/27/00
DATE

☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

SUPERINTENDENT'S SIGNATURE

DATE

PLANT MANAGER'S SIGNATURE

DATE

Cindy,
Valentino just
brought this to
me. If it's in
to date he would
like it. Thus if
he was be willing to
wait. Thanks
Susie

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

 FORM 011 w/rev
September 23, 1999

A00013

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>9/30/01</u>	Dept. <u>5620</u>
Employee Name: <u>Valentin Noets</u> SS# _____		<input type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input checked="" type="checkbox"/> Full Day(s) Date(s) Requested <u>money only 2wks</u>			
FLOATING HOLIDAY: (circle one) Date Requested _____ Calendar _____ Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>X Valentin Noets</u> Employee Signature		<u>X 9/24/01</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph J. Jarmen</u> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>SEP 22 2001</u> <u>WEEK ENDING</u> Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00014

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>9/30/96</u>	Dept. <u>5622-04</u>
Employee Name: <u>Valentino Nocks</u> SS# <u>2</u>		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>8/29/03</u> (circle one) <div style="display: flex; justify-content: space-around;"> Calendar Anniversary </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Employee Signature <u>X Valentino Nocks</u> </div> <div style="width: 45%;"> Date <u>8/29/03</u> </div> </div>			
<p><small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small></p>			
SECTION 2 <i>To Be Completed by Human Resources</i>		37 918 29	
<div style="text-align: center;">Vacation</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1) Total Days Due: <u>10</u> 2) Days Requested: <u>10</u> 3) Days Remaining: <u>0</u> (1 - 2 - 3) </div> <div style="width: 45%;"> <div style="text-align: center;">Floating Holidays</div> Total Days Due: <u>2</u> Days Requested: <u>1</u> Days Remaining: <u>1</u> <div style="text-align: right; font-weight: bold;"> AUG 30 2003 WEEK END </div> </div> </div>			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>8/29/03</u>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
<p><small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small></p>			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>9/30/01</u> Dept. <u>5620</u> Employee Name: <u>Valentino Noels</u> SS# _____ <div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>
VACATION: <input type="checkbox"/> 1/4 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____	
FLOATING HOLIDAY: Date Requested <u>9/28/01</u> (circle one) Calendar <u>Anniversary</u>	
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <p> <u>Valentino Noels</u> <u>9/24/01</u> Employee Signature Date </p> <p><small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small></p>	
SECTION 2 <i>To Be Completed by Human Resources</i>	
<p style="text-align: center;"><u>Vacation</u></p> 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ <p style="text-align: center;">(1 - 2 = 3)</p>	<p style="text-align: center;"><u>Floating Holidays</u></p> Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____ Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
<p>SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p><u>Joseph J. Annin</u> _____ Signature Date</p> <p>FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>_____ Signature Date</p>	<p>SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>_____ Signature Date</p> <p>PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>_____ Signature Date</p>
<p><small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small></p>	

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A00016

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>9/30/03</u> Dept. <u>5622-4</u> Hire Date: <u>9/30/96</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Employee Name: <u>Valentino Nocks</u> SS# _____			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input checked="" type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Fri. Oct. 3, 2003</u> Calendar (circle one) <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Valentino Nocks</u> Employee Signature		<u>9-30-03</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: _____ / _____ / _____	
Vacation		Floating Holidays	
1) Total Days Eligible:	<u>2 weeks</u>	Total Days Eligible:	_____
2) Days Taken:	_____	Days Taken:	_____
3) Days Requested:	_____	Days Requested:	_____
4) Days Remaining:	_____	Days Remaining:	_____
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph Garrison</u> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>9/30/96</u>	Dept. <u>5620</u>
Employee Name: <u>Valentina Nocks</u>		SSN: _____	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION:			
<input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s)		Date Requested <u>1 wk</u> Date(s) Requested <u>money only</u>	
FLOATING HOLIDAY:			
Date Requested _____		<div style="text-align: center;">(circle one)</div> <div style="display: flex; justify-content: space-around;"> Calendar Anniversary </div>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Valentina Nocks</u>		Date <u>10-25-02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ <div style="text-align: center;">(1 - 2 = 3)</div>	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u>	Date <u>10/25/02</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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Oct. 29 2002 10:38AM P1

FAX NO.: 30243566441

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A00019

MOUNTAIRE Time Off Request Form

Name Richard Satchell S.S.# Date of Hire 6-6-94 Department Lime Haul☐ UNION☐ NON-UNION HOURLY☐ SALARIED Block

(CHECK ONE): Vacation <u> </u>	Personal/Floating Holiday - <u>Calendar</u> <input checked="" type="checkbox"/>
Personal/Floating Holiday - Anniversary <u> </u>	

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

 Employee's Signature Richard Satchell Date 3/22/00

 SUPERVISOR'S SIGNATURE Joseph Harmon DATE 3-22-2000 ☒ APPROVED ☐ DISAPPROVED

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	<u> </u>
	# OF DAYS REQUESTED	<u> </u>
	# OF DAYS LEFT	<u> </u>

 FORM 011 wpy:dlm
 September 23, 1999

A00020

MOUNTAIRE

Time Off Request Form

Name Richard Satchell S.S.# _____Date of Hire 6/6/94 Department Live Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - Anniversary <u>JUN - 3 2000</u>
--	---

Day/Date(s) Requested June 12th - 17th, 2000
wants vacation check on the 8th of June

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Satchell 6-5-2000
 Employee's Signature Date

Joseph Shannon 6-5-2000 ☐ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 _____ ☐ APPROVED ☐ DISAPPROVED
 FOREMAN'S SIGNATURE DATE

 _____ ☐ APPROVED ☐ DISAPPROVED
 SUPERINTENDENT'S SIGNATURE DATE

 _____ ☐ APPROVED ☐ DISAPPROVED
 PLANT MANAGER'S SIGNATURE DATE

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wj:dao
September 21, 1999

A00021

MOUNTAIRE Time Off Request Form

Name Richard Satchell S.S.# Date of Hire 6/16/94 Department Live Hand☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar <u> </u>
<u>WIE</u>	Personal/Floating Holiday - Anniversary <u> </u>

Day/Date(s) Requested Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

X Richard Satchell
Employee's Signature

X 6/12/00
Date

Joseph Larion
SUPERVISOR'S SIGNATURE

6/12/00 ☒ APPROVED ☐ DISAPPROVED
DATE

FOREMAN'S SIGNATURE_____
DATE ☐ APPROVED ☐ DISAPPROVED_____
SUPERINTENDENT'S SIGNATURE_____
DATE ☐ APPROVED ☐ DISAPPROVED_____
PLANT MANAGER'S SIGNATURE_____
DATE ☐ APPROVED ☐ DISAPPROVED

PAYROLL

FOR OFFICE USE ONLY:	# OF DAYS DUE	<u> </u>
	# OF DAYS REQUESTED	<u> </u>
	# OF DAYS LEFT	<u> </u>

JUN 11 2000

WEEK ENDING

MOUNTAINE
Time Off Request Form

Name Richard Satchell S.S.# _____
 Date of Hire 6/6/94 Department Fire Hand
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation _____ _____	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - Anniversary <u>✓</u>
---	--

Day/Date(s) Requested money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Satchell 6-26-2000
 Employee's Signature Date

Joseph J.annon
 SUPERVISOR'S SIGNATURE

6-26-2000 ☒ APPROVED ☐ DISAPPROVED
 DATE

 FOREMAN'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

PAYROLL

<small>FOR OFFICE USE ONLY:</small>	# OF DAYS DUE _____	
	# OF DAYS REQUESTED _____	WEEK ENDING _____
	# OF DAYS LEFT _____	

FORM 011 wj:dlw
 September 23, 1999

A00023

MOUNTAIRE
Time Off Request Form

Name Richard Satchell S.S.# _____Date of Hire 6/6/94 Department Fire Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

54.20

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Satchell
 Employee's Signature

1-29-2001
 Date

Joseph Starnin
 SUPERVISOR'S SIGNATURE

1-29-2001
 DATE
☐ APPROVED ☐ DISAPPROVED

61 JAN 29 11

FOREMAN'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOUNTAIRE Time Off Request Form

Name Richard Satchell S.S.# _____Date of Hire June 6, 1994 Department Live Hand☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620(CHECK ONE):
Vacation☒Personal/Floating
Holiday - CalendarPersonal/Floating
Holiday - Anniversary2 wksDay/Date(s) Requested * Money only - (Both weeks) Want checks June 8

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

* Richard Satchell
Employee's Signature* ~~5/2~~ 5/2/2001
Date

JUN 02 2001

Joseph J. Ammon
SUPERVISOR'S SIGNATURE5-2-2001 ☐ APPROVED ☐ DISAPPROVED
DATE

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

JUN 02 2001

WEEK ENDING

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>6/6/94</u>	Dept. <u>5620</u>
Employee Name: <u>Richard Satchell</u> SS# _____		<input type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>Money Only</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Richard Satchell</u> Employee Signature		<u>1/18/02</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)		JAN 19 2002 1/18/02	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u> Date <u>1/18/02</u>	Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAINE
Time Off Request Form

Name Richard Satchell S.S.# _____
 Date of Hire 6/6/94 Department Linehaul
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation _____ _____	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - Anniversary <u>✓</u>
---	--

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS ORANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Satchell 6/1/01 31 JUN 4 12
 Employee's Signature Date

Joe Harrison 6/1/01 ☒ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

<small>FOR OFFICE USE ONLY:</small>	# OF DAYS DUE _____	
	# OF DAYS REQUESTED _____	
	# OF DAYS LEFT _____	

FORM 011 w/des
 September 23, 1999

PAYROLL
 JUN 02 2001
 WEEK ENDING

A00027

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>6/16/94</u> Dept. <u>51622-</u>		
Employee Name: <u>Richard Satchell</u> SS# _____		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: (circle one) Date Requested <u>Tues. Aug. 5, 2003</u> Calendar <input type="checkbox"/> Anniversary <input checked="" type="checkbox"/>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Richard Satchell</u> Employee Signature		<u>8/5/03</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1)	Total Days Due: _____	Total Days Due: _____	_____
2)	Days Requested: _____	Days Requested: _____	_____
3)	Days Remaining: _____	Days Remaining: _____	_____
(1 - 2 = 3)			
_____ Human Resources Representative's Signature		_____ Date	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Joe Harrison</u> Signature	<u>8/5/03</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i>	Date of Request <u>2/4/04</u>	Dept. <u>5622</u>
Employee Name: <u>Richard Satchell</u>		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Monday only</u> (circle one) <input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Richard Satchell</u>		Date <u>2/4/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2	<i>To Be Completed by Human Resources</i>	DATE OF HIRE: <u>6, 6, 94</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	2) Days Taken: _____	Total Days Eligible: _____	Days Taken: _____
3) Days Requested: _____	4) Days Remaining: _____	Days Requested: _____	Days Remaining: _____
(1 - 2 - 3 = 4)		WEEK ENDING	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u>	Date _____	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

Fixed

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 5/20/02 Dept. 5622

Employee Name: Hayward Savage SS# _____

☐ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested Thurs. Sept 4, 2003 (circle one) Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Hayward Savage 9/4/03
Employee Signature Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

PAYROLL
SEP 05 2003
WEEK ENDING

Vacation **Floating Holidays**

1) Total Days Due: _____	Total Days Due: _____
2) Days Requested: _____	Days Requested: _____
3) Days Remaining: _____	Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature _____ Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☒ Disapproved ☐
Joe Harrison 9/4/03
Signature Date

SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature Date

FOREMAN: Approved ☐ Disapproved ☐

Signature Date

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>2/13/04</u> Dept <u>5622</u>
<div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>	
Employee Name: <u>Hayward Savage</u> SS# _____	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>May only</u> (circle one) <u>Calendar</u> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
Employee Signature: <u>Hayward Savage</u> Date: <u>2/13/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2 <i>To Be Completed by Human Resources</i> DATE OF HIRE: <u>5/20/02</u>	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 3 - 4) </div> <div style="text-align: center;"> Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ </div> </div>	
Human Resources Representative's Signature _____ Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
<div style="display: flex; justify-content: space-between;"> <div> SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____ </div> <div> SUPERINTENDENT: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>2/13/04</u> </div> <div> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____ </div> </div>	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>5/5/05</u>	Dept. <u>5622-4</u>
Employee Name: <u>Hayward Savage</u> SS# _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION: <input checked="" type="checkbox"/> Other <u>money only</u> Time Requested <u>1 week</u> FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____ <u>1 wk</u>			
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Hayward Savage</u>		Date <u>5/5/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5/20/02</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	2) Days Taken: _____	Total Days Eligible: _____	Days Taken: _____
3) Days Requested: _____	4) Days Remaining: _____	Days Requested: _____	Days Remaining: _____
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joe Harrison</u> Date <u>5/5/04</u>	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

5/20/02

Dept.

5620

Employee Name:

Hayward Savage

SSN

☒ Union☐ Non-Union Hourly☐ Salaried

VACATION:

1wkHold until 4/5-17-03☐ 1/2 Day

Date Requested

1 Week☐ Full Day(s)

Date(s) Requested

money only

FLOATING HOLIDAY:

(circle one)

Date Requested

money only

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Hayward Savage

Employee Signature

Date

4/29/03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature

Date

PAID
 MAY 17 2003
 WEEK END UNIT

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

4/29/03

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.